 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X B. Received by (Printed Name) D. Is delivery address director fractulem 1? If YES, enter delivery address before:
MOSS ROCK DOUCTS 5040 ACOMA DENVER CO 16	3. Service Type ☐ Certified Mail ☐ Registered ☐ Express Mail ☐ Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
PB 6/13/08 SC490060 2. Article Number 7004 25	10 0004 1824 9177
PS Form 3811, August 2001 Domestic Ro	eturn Receipt 102595-01-M-250

824 9177	U.S. Postal Service To CERTIFIED MAIL TO RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com. PBO E BOSE			
Ä	Postage	s	Final Assessment	
H000	Certified Fee		MC07-0175	
	Return Receipt Fee (Endorsement Required)		Here	
510	Restricted Delivery Fee (Endorsement Required)			
П	Total Postage	•	•	
7004	Sent To VERN THARP MOSS ROCK PRODUCTS Street, Apt. No.: 5040 ACOMA ST Or PO Box No. City, State, ZiP: DENVER CO 80216			
	PS Form 3800, June 20	02	See Reverse for Instructions	